

Order ID 89578

August-24-12 10:16:35 AM

Trimmed
89578

PRELIMINARY ISSUE

Page 1

Item ID: D4640-9

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: RH Aft Wall Protector

Start Date: 8/24/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 9/24/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D4640

A B D

0.00

100

Waterjet

Memo

0.00

FLOW CNC Waterjet

Cut as per dwg

Prog Rev:

Dwg Rev:

Deburr as required

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

B12-9-18

B12-9-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 89578

August-24-12 10:16:35 AM

89578

Page 2

Item ID: D4640-9 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: RH Aft Wall Protector
 Start Date: 8/24/12 Start Qty: 1.00 ***1*** Cust Item ID:
 Required Date: 9/24/12 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 5m15 12 9 18 0.00				1			
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: _____ Memo	0.00 PM 8:595 0.00				0		12/9/24 J	
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							

POSITIVE RECALL

EFFECTIVE 12/9/11 AUTH MF

RELEASED 12/9/11 DATE 12/9/11

ECN 12652

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
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		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

Aug-24-12 10:16:35 AM

Page 1

Work Order ID: 89578

Parent Item: D4640-9

Parent Item Name: RH Aft Wall Protector

Start Date: 8/24/12

Required Date: 9/24/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 12.05.08 NEW ISSUE DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.093-F6006-07 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	1,452.6700	2.38	2.5052632			

B12-9-18

Location

Loc Qty

Loc Code

therm

1452.67

112176

40.44

114459

1412.23

114459

①

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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NCR: Yes / No

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DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> Rework <input type="checkbox"/> Skid-tube <input type="checkbox"/> Crosstube <input type="checkbox"/> Water Jet <input type="checkbox"/> Engineering <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Scrap <input type="checkbox"/> Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Quality <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Use-as-is <input type="checkbox"/> Thermoforming <input type="checkbox"/> Finishing <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Other <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around;"> Work Order Update <input type="checkbox"/> Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Supplier <input type="checkbox"/> </div>		AGAINST DEPARTMENT/PROCESS					
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Doc/Data <input type="checkbox"/>											
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FAULT CATEGORY												
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Receiving Report

Date: 10/4/21

Batch No: 2119459

Supplier: SABIC

Dart P/O: 11420

Packing Slip: Yes ☒ No ☐
 Invoice: Yes ☐ No ☒
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐
 Waybill Attached: Yes ☒ No ☐
 Shipment Complete: Yes ☒ No ☐ N/A ☐
 QC6 Inspection ☒ N/A ☐
 Work Order S-10012 N/A ☒

Discrepancies

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12

LU

Production/Admin: 10/4/21
 Date
 Received/Costing
 Initial

Location

SABIC Polymershapes

سابك
sabic

INVOICE NO.	O090639/M
INVOICE DATE	20.04.10
TAKEN BY	caldwellj
G.S.T. REG. NO.	856372750RT0001
CARRIER	

INVOICE

SOLD TO: DART AEROSPACE LTD

SHIP TO: DART AEROSPACE LTD

PST 85637 2750 TR000

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

A/C 22.28

CUSTOMER DARAER	SHIP VIA EPIC	TAX LIC 1 CHARGE GST	TAX LIC 2 6112-5207	INVOICE TERMS NET 30 DAYS	SALES ORDER O90164	PAGE 1	WHS. 99
CUSTOMER P.O. 11420	SHIP DATE 20.04.10	FREIGHT TERMS PREPAID + CHARGE	SALES REP. WADE DIXON	S.D.N. 01	BILL OF LADING	Sch. Date 20.04.10	Sales Office 99

LN	PRODUCT	ORDER	B/O	SHIP	SKU	DESCRIPTION	PRICE	PER	EXTENSION
001	41202630	61	0	61	SHT	F6006-GY5B133 GREY .093 X 52 X 96	1 217.95	SHT	13294.95
002	0000005	1	0	1	EA	THANK YOU FOR SELECTING SABIC POLYMERSHAPES FREIGHT GST PAYABLE @ 5%	1 .00	EA	0.00
						PLEASE PAY THIS AMOUNT			125.00
									671.00
									14090.95
									=====
***** *** IF YOU ARE NOT CURRENTLY RECEIVING OUR INVOICES *** *** VIA EMAIL OR FAX, PLEASE SUPPLY US WITH AN EMAIL *** *** ADDRESS OR FAX NUMBER . FAX TO 905-789-3161 *** ***** *									

RECEIVED APR 23 2010

PLEASE Remit To: SABIC Polymershapes 9150 Airport Road Brampton ON L6S 6G1
Phn : (613)745-7043 Fax : (613)745-4291

NO GOODS TO BE RETURNED WITHOUT APPROVAL FROM US. ALL DISCREPANCIES MUST BE REPORTED WITHIN 3 DAYS.

Purchase Order Receipt Listing

Page 1 of 1

April 21, 2010 1:17:20 PM

All amounts are calculated in domestic currency.

All Vendors PO ID PO11420 Receipt Dates from 4/21/2010 to 4/21/2010 All Line Item Types

All Item ID/GL/WOs All Rec. Employees All Currencies

Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Recv Date/ Recv Emp	Recv Qty (PO U/M)	Cost Per Unit/ Recv Value	Inspected Qty/ Rejected Qty (PO U/M)	MRB Qty/ MRB Reject Qty	Book Amt
VendorID\Vendor Name		VC-GEP001	SABIC Polymershapes								
PO11420	I		MLEXS.093-F6006-07	sf	4/26/2010	4/21/2010	2,114.6660	\$6.29	0.0000	0	\$13,294.91
CAD	No		GE PLASTICS LEXAN SHEET 114459	sf	2,114.6660	DCUSER		\$13,294.91	0.0000	0	
Total Received Quantity:											2,114.6660
Total Qty to Inspect (PO U/M):											0.0000
Total Reject Quantity:											0.0000
Total Receipt Value:											\$13,294.91
Total Balance Due Quantity:											0.0000

*** SHIPPER ***

SABIC Polymershape
1250 Old Innes Rd., Unit 519

A/C 10.18

Ottawa, Ontario K1E 5L5

PST 85687 2750 TR0001

Page 1

PHONE: (613)745-7043 FAX: (613)745-4291

SOLD TO: DART AEROSPACE LTD

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada
1-613-632-5200

Our Order No	Customer	GST License	PST License	Invoice Terms	Ordered	Shipped	Taken By	RDB
090164	DARAR	CHARGE GST	6112-5207	NET 30 DAYS	24.02.10		caldwell	26.04.10
Ship Doc No	Salesrep	Customer P.O.#	Shipped Via	F.O.B.	Freight Terms	Inv. No.	Ship Date	
01	23	11429	BPIC		PREPAID + CHARGE		26.04.10	
Ln#	Location	Ord	B/C	Ship Sku	Product Code	Description	U/Price	

DELIVERIES TO BE DONE BEFORE
4:00 PM . ADVISE SHIPPING CO.

001 56 56 0 SHIP 41202530

F6006-CY58133 GRBY
093 Y 52 X 96

002 1 0 1 BA 0000005

THANK YOU FOR SELECTING
SABIC POLYMERSHAPES

11/10/12

105365

LINE NO.	RECEIVING NO.	PICKED BY	DATE	SHIPPED BY	DATE	VERIFIED	DATE

NO GOODS TO BE RETURNED WITHOUT APPROVAL FROM SABIC. ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.
ALL RETURNS MUST HAVE VALID RETURNED GOODS AUTHORIZATION NUMBER CLEARLY MARKED ON ALL PACKAGES.

SABIC
Innovative
Plastics

سابك
sabic

SABIC Polymershapes

1250 OLD INNES RD. 519 OTTAWA, ONT. K1B 5L3
TEL: 613 745 7043 FAX: 613 745 8163

CERTIFICATE OF COMPLIANCE

SOLD TO: DART AEROSPACE

DATE: 2/25/2010

YOUR PURCHASE ORDER 11420

OUR SHIPPER NO: 090164

LINE ITEM #: 1

QUANTITY: 56 SHEETS

DESCRIPTION: 093 X 52 X 96 LEXAN F6006-GY5B133 GREY

S
10/10/22

THESE PARTS WERE MANUFACTURED IN ACCORDANCE WITH: FAR 25.853

THIS IS TO CERTIFY THAT THE MATERIAL FINISHES AND FUNCTIONAL REQUIREMENTS OF THE ABOVE LISTED PARTS ARE IN ACCORDANCE WITH THE REFERENCE PROCUREMENT SPECIFICATIONS, CONTROL DRAWINGS OR PARTS DESIGNATION AND LATEST REVISIONS AS REFERENCED ON THE SUBJECT PURCHASE ORDER.

AUTHORIZED REPRESENTATIVE SIGNATURE

Jon Caldwell

JON CALDWELL
BRANCH MANAGER

SABIC Polymershapes

سابك
SABIC

ORDER CONFIRMATION

ORDER	090164
Date	24.02.10
GST Registration #	856372750RT0001
Taken By:	caldwellj

Sold To

DART AEROSPACE LTD

1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD

1270 ABERDEEN STREET
HAWKESBURY ON K6A 1K7
Canada

A/C

Customer DARAER	Ship Via EPIC	TAX LIC 1 CHARGE GST	TAX LIC 2 6112-5207	A/R Terms NET 30 DAYS	F. O. B.	Page 1
P. O. # 11420	Expiry Date 24.02.12	Freight Terms PREPAID + CHARGE	Sales Representative 93	Sched Ship 26.04.10	Dept.	
Product	Quantity	SKU	Description	Price	Per	Extension
41202630	56	SHT	F6006-GY5B133 GREY .093 X 52 X 96	217.95	SHT	12205.20
0000005	1	EA	THANK YOU FOR SELECTING SABIC POLYMERSHAPES	.00	EA	0.00
* ORDER CONFIRMATION * Total						12205.20
This is to verify receipt of the above-referenced order. Upon acceptance of the order, SABIC Polymershapes will fill the order on its standard terms and conditions of sale unless, prior to shipment of all or part of this order, you provide written objections to such standard terms and conditions of sale or unless other terms have been agreed to in writing signed by SABIC Polymershapes.						
31.12.20						
SABIC Polymershapes 1250 Old Innes Rd., Unit 519 Ottawa, Ontario K1B 5L3 PST 85637 2750 TR0001 Phn : (613)745-7043 Fax : (613)745-4291						



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PO REPRINT

Purchase Order ID PO11420

Purchase Order Date 2/24/10

PO Print Date 2/25/10

Page Number 1 of 1

Order From :

VC-GEP001

SABIC POLYMERSHAPES
9150 AIRPORT ROAD
BRAMPTON, ON L6S 6G1
CA

Contact Name

Vendor Phone

800 267 1575

Vendor Fax

613 745 4291

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MLEXS.093-F6006-07	GE PLASTICS LEXAN SHEET	4/26/10 Yes	<i>2114.666</i> 1,941.33 sf	Purolator ground	\$6.2870	\$12,205.14
<i>Net'd 2114.6666</i> <i>PO 114121</i> PO Total:							\$12,205.14

Change Nbr: 3

Change Date: 2/25/10

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required when applicable